

MINUTES OF THE MEDICAL EXECUTIVE BOARD COMMITTEE
Harris Health System
January 13, 2015 4:00pm

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATIONS |
|--|---|--|
| CALL TO ORDER | The Medical Executive Board Meeting was called to order at 4:02 p.m. by Dr. Maya Suresh, Chair of the Harris Health System Medical Executive Board. | As reported. |
| MINUTES OF THE PREVIOUS MEETING | The minutes of the November 11, 2014 meeting of the Harris Health Medical Executive Board were reviewed and approved. | A copy of the minutes is appended. A summary of the minutes was submitted to the Harris Health Board of Managers for review and acceptance. |
| APPROVAL OF AGENDA ITEMS IDENTIFIED AS CONSENT AGENDA ITEMS | It was moved and seconded to approve the below listed consent agenda items. Motion carried. <ul style="list-style-type: none"> • 468 Interdisciplinary Plan of Care • 4130 Interdisciplinary Assessment and Reassessment • 4611 Stroke Team Activation • 7.29 Electroconvulsive Therapy Program | Approved. |
| STANDING BUSINESS | Reports from the Chiefs of Staff <ul style="list-style-type: none"> • <i>Ben Taub General Hospital (BTGH)</i> Dr. Mattox presented the Ben Taub Chief of Staff Report stating the BTGH Medical Executive Committee discussed the new Top 5 Areas of Concern for 2015. Mr. George Masi provided a detailed report on the Harris Health budgetary issues. There were no action items for approval. • <i>Lyndon B. Johnson General Hospital (LBJGH)</i> Dr. Dyer presented the Lyndon B. Johnson General Hospital Chief of Staff Report. There are now three rooms open at the Outpatient Surgery Center. Discussions regarding the challenges with psychiatry transfers from LBJGH to BTGH have taken place between the LBJGH and BTGH Psychiatry Chiefs of Service. • <i>Community Health Program (CHP)</i> Dr. Zare presented the Community Health Program Chief of Staff Report. The CHP Medical Executive Committee received a report on case management services available in the community health clinics. Policy 2304 Primary Care Provider Template Management was approved. Lengthy discussion ensued at the meeting regarding security measures. An increase in security incidents has been seen since the pharmacy changes with narcotics. Harris Health is taking this matter seriously. The security staff will undergo additional training and signs are being posted at each clinic regarding weapons. | A copy of the BTGH Chief of Staff Report is appended to the archived minutes. A copy of the LBJGH Chief of Staff Report is appended to the archived minutes. A copy of the CHP Chief of Staff Report is appended to the archived minutes. |

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATIONS |
|-------------|---|---|
| | <p>Performance Improvement Dr. Sutton presented the Performance Improvement Report. Dr. Sutton stated the burning issue today is unsigned orders. Work has been done to try to clean up the orders. Some of the unsigned orders are not physician orders. A mandate has been issued to abide by the Medical Staff Bylaws which states that if there is a deficiency in completing the medical record, the practitioner will be suspended. Communications will be sent to the Chiefs of Staff over the next few days. This is now a Board of Managers issue which must be addressed accordingly. Physicians will be subject to suspension for orders not completed within the 30 day timeframe. Dr. Mattox stated some of this is due to the electronic medical record. Between 50,000 to 70, 000 orders have accumulated across the district over time. Physicians are reluctant to sign for orders they were not involved in. Conversation ensued regarding the challenges identified with standing delegated orders. BTGH looked at the process and determined how to identify the correct practitioner for the order and their number of unsigned orders has reduced. The plan is to have the BTGH team assist the LBJGH campus. Dr. Hoxhaj noted the fix at BTGH is not ideal. Parkland has a better process than what's being used at BTGH. Most of the unsigned orders are from the EC. There are also some orders from the ICU. Dr. Sutton will meet with the chiefs to determine how to address this issue. Dr. Dyer stated data is needed in order to hold the physicians accountable. Dr. Sutton has spoken with IT who has stated they can provide an electronic feed of the deficiencies to Medical Records. Medical Records will route this information to the Chiefs for action. Dr. Dyer stated some specialist will be brought in to the Solutions Committee to offer some ideas from other institutions regarding this issue. LBJGH will share the information obtained with BTGH. The committee recommended Harris Health involve Epic in this process.</p> <p>Affiliated Medical Service Report Dr. Chu presented the AMS Report. An AMS Retreat will be held January 14, 2015. This retreat will be facilitated by a third party. A solution may not be reached but at least the three major decision makers from each institution will be able to agree upon the ground rules and align our missions where possible. Dr. Chu will provide an update from the retreat to the Board of Managers as well. Mr. Masi stated he has met with both the Presidents of UT and BCM. They have been advised of Harris Health's strategy.</p> <p>Administrative Report Mr. George Masi provided the Administrative Report stating it is not a secret that Harris Health has been working on budget issues. The first meaningful budget meeting was held with the Board of Managers last week. If Harris Health continued to operate at its current rate with income and workload for FY 16, then there would</p> | <p>As reported.</p> <p>A copy of the QMS Scorecard is appended to the archived minutes.</p> <p>As reported.</p> <p>As reported.</p> |

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATIONS |
|--------------------------|---|---|
| | <p>be a \$71.8 million deficit. This is not acceptable. Harris Health has increased its capacity and workload but has not had the opportunity to take advantage of Medicaid expansion. Although we haven't taken advantage of Medicaid expansion, the federal government continues to decrease DSH and UC. Harris Health has been working diligently to close the budget gap. Options were put together for the Board of Managers request of strategies. Between reductions in force, minimization of incentive rewards for employees, and other things, the budget gap has been closed to \$15 million. The option to eliminate this \$15 million by closing the school based clinics, eliminating dental and podiatry contracts, etc. has been taken off the table. The recommendation going forward, yet to be ratified by the Board of Managers, is that Harris Health would go forward into FY 16 carrying a \$15 million deficit. Harris Health has not done this before but this is an acknowledgement of the predicament we are in. The Board will convene a follow-up session to consider ratifying the budget before presenting it to Commissioner's Court. Harris Health will do everything it can to mitigate the deficit throughout the year. Dr. Dyer stated Mr. Masi and the entire team has done an extraordinary job of making the case and helping the Board to understand what the cuts may mean fiscally and realistically for the patients. The medical staff is thankful for this. The budget hearing is scheduled for January 15, 2015. Mr. Masi is meeting with each of the commissioners and is optimistic things will work out.</p> | |
| COMMITTEE REPORTS | <p>Bylaws Committee Dr. David Robinson presented the Bylaws Committee Report stating the committee has met twice within the past 30 days to work on the Bylaws revisions. One concern that was raised was the authority of the CEO regarding inappropriate activity of Housestaff. The committee worked with Legal on appropriate wording to address this action. Nine (9) other concerns are being addressed as well. The Bylaws Committee has made a commitment to the Board of Managers to respond to all of their concerns. Hopefully there will be resolution in the next 60 days.</p> <p>Cancer Committee Dr. Martha Mims presented the Cancer Committee Report. The ACOS survey has occurred since the report included in the meeting packet. The survey didn't go as well as hoped. Harris Health passed with 7 contingencies. The Cancer Program has a year to respond to all contingencies. All contingencies have been addressed at this point. Documentation was one of the major problems. All concerns were taken seriously by Harris Health. The Cancer Program now has a dedicated quality person. This will help with a lot of the identified issues.</p> <p>Credentials Committee Dr. Marylee Kott presented the Credentials Committee Report. There were 32 initial applications, 73 reappointments, 19 resignations, and 7 change/add</p> | <p>A copy of the Bylaws Committee Report is appended to the archived minutes.</p> <p>A copy of the Cancer Committee Report is appended to the archived minutes.</p> <p>A copy of the Credentials Committee Report is appended to</p> |

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATIONS |
|-------------|--|--|
| | <p>privileges/affiliations.</p> <p>Emergency Center Committee Dr. Shkelzen Hoxhaj presented the Emergency Center Report. Unscheduled downtimes are of major concern for the Emergency Center. This concern has been discussed with IT. Improvement with patient satisfaction has been seen at both pavilions. There are both staffing and space challenges at both pavilions.</p> <p>Infection Prevention Committee Dr. Charles Ericsson presented the Infection Committee Report stating there are no action items for approval. Center for Disease Control guidelines are being followed for Ebola.</p> <p>Medical Records Committee Dr. Hyman presented the Medical Records Committee Report. Dr. Hyman stated the Medical Records Committee will help in any way with the unsigned orders issue. The following form was approved:</p> <ul style="list-style-type: none"> • Pre Procedure Assessment <p>Pharmacy And Therapeutics Committee Dr. Charles Ericsson presented the Pharmacy and Therapeutics Committee Report. Conversation ensued regarding the replacement drugs for Coumadin. Pharmacy will redistribute the educational memo to the medical staff. The Pharmacy and Therapeutics Report and recommendations were approved as presented.</p> <p>Physician Advisory Committee The October 27, 2014 minutes of the Physician Advisory Committee were received by the Medical Executive Board.</p> <p>Utilization Review Committee Dr. John Foringer presented the Utilization Review Committee Report stating that there is the perception that a lot of patients are unfunded. For inpatient services,</p> | <p>the archived minutes. The following is a list of actions made by the Medical Executive Board.</p> <p>Approved:</p> <ul style="list-style-type: none"> • 32 initial applications • 73 reappointments • 19 resignations • 7 change/add privileges/affiliations <p>A copy of the Emergency Center Committee Report is appended to the archived minutes.</p> <p>A copy of the Infection Prevention Committee Report is appended to the archived minutes.</p> <p>A copy of the Medical Records Committee Report is appended to the archived minutes.</p> <p>A copy of the Pharmacy and Therapeutics Committee Report is appended to the archived minutes.</p> <p>A copy of the Physician Advisory Committee Report is appended to the archived minutes.</p> <p>A copy of the Utilization Review Committee Report is appended to the archived minutes.</p> |

| AGENDA ITEM | DISCUSSION | ACTION/RECOMMENDATIONS |
|-------------------------------------|--|---|
| | 64.03% of patients are funded at BTGH and 66.89% of patients are funded at LBJGH. It is important that this data is communicated to the medical staff. | the archived minutes. |
| NEW BUSINESS | Physician Satisfaction Survey Ms. Lisa Daul (Press Ganey) presented the Harris Health Medical Staff 2014 Engagement Survey Executive Overview. The summary for the overall system performance, site/medical staff type performance, item performance, and priorities for improvement were presented. Ms. Daul spoke about the partnership (physician and employee) and the patient experience. Recommendations and next steps were also presented for consideration. | A copy of the Harris Health Medical Staff 2014 Engagement Survey Executive Overview Report is appended to the archived minutes. |
| ANNOUNCEMENTS/OTHER BUSINESS | Dr. Maya Suresh thanked Dr. Tien Ko for his two years of service as the Medical Executive Board Chair. Dr. Suresh also introduced Dr. David Robinson, Medical Executive Board Vice Chair and Bylaws Committee Chair. | |
| ADJOURNMENT | There being no further business to come before the Medical Executive Board, the meeting adjourned at 5:04 p.m. The next Medical Executive Board meeting will be held on Tuesday, February 10, 2015. | |

Maya Suresh, M.D., Chair

Minutes recorded by Medical Staff Services